

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

Troy Housing Authority

Troy, North Carolina

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Troy Housing Authority

PHA Number: NC043

PHA Fiscal Year Beginning: 10/2001

PHA Plan Contact Information:

Name: Ms.Elizabeth Dawkins

Phone: (910) 576 0611

TDD:

Email (if available): tha@carolina.net

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan

Fiscal Year 20

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

There are no substantial changes in policies or programs from those listed in our FY 2000 Annual Plan and in our Five-Year Plan.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 167,563.

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C (nc043c01)

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B (nc043b01)

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ 25,000.
- C. ☒ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment D: (nc043d01)

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) nc043g01
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
- ☐ Yes ☐ No: below or
- ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.

☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment G.

☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of North Carolina

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☒ Other: (list below)

On its web site, the State of North Carolina summarizes its Housing Action Plan for the year 2000. It also summarizes its priorities for its CDBG development for the year 2000. The State makes clear priorities that are directly supported by activities at the Troy Housing Authority.

Although our housing authority is small, we have been active in both administering our housing programs and in bringing new development to Troy, which is a small rural town much in need of economic improvement, as is all of Montgomery County.

In its list of priorities the State writes, "The department aims to focus state resources on stimulating development of distressed rural areas and portions of urban areas that have not enjoyed the positive growth that much of the state has experienced...." Through its housing program, its modernization and development efforts, its supportive service programs, and its drug elimination efforts, the Troy Housing Authority provides much needed support and development to our rural area.

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

At www.dca.commerce.state.nc.us/housin~2.htm we read

The State's five year housing strategy, outlined in the 1996 North Carolina Consolidated Plan, establishes the State's general priorities for assisting households during the period 1996-2000. Priorities were established using three criteria: the incidence of housing problems among the population; the total number of households affected; and the appropriateness of the activities and programs available to address the needs of the households. Households to be assisted are categorized by income group, tenure and special needs characteristics. The following is a summary of the State's housing priorities:

High Priority

- Assist Renters Earning 0-50% of Median Family Income
- Assist Existing Home Owners Earning 0-50% of Median Family Income
- Assist Homeless Families and Individuals
- Assist Non-Homeless Persons with Special Needs Earning Below 80% of Median Family Income

Medium Priority

- Assist First-Time Home Buyers Earning 51-80% of Median Family Income
- Assist Renters Earning 51-80% of Median Family Income

Lower Priority

- Assist First-Time Home Buyers Earning Below 50% of Median Family Income
- Assist Existing Home Owners Earning 51-80% of Median Family Income

The active priorities stated above directly support the housing programs at the Troy Housing Authority. Of the “high priority” items in the state Consolidated Plan, the programs at the Troy Housing Authority are directly supported by the North Carolina priority to assist renters earning 0-50% of median family income, to assist homeless families and individuals, and to assist non-homeless persons with special needs earning below 80% of median family income. Similarly for the stated medium priorities, where the state supports assistance to renters earning 51-80% of median family income. All such persons and families are eligible for the housing programs offered by the Troy Housing Authority.

Aside from these stated priorities, the Troy Housing Authority receives no additional direct support for its programs from the North Carolina Consolidated Plan.

C. Criteria for Substantial Deviation and Significant Amendments

These items were included in our FY 2000 Annual Plan submission at component 18.D.

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

nc043b01.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part 1: Summary

PHA Name: <p style="text-align: center; margin-top: 10px;">Troy Housing Authority</p>		Grant Type and Number Capital Fund Program: NC19P04350101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: <p style="text-align: center; margin-top: 10px;">2001</p>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	4,244			
3	1408 Management Improvements	22,000			
4	1410 Administration	16,736			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,520			
10	1460 Dwelling Structures	110,043			
11	1465.1 Dwelling Equipment—Nonexpendable	8,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	167,563			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: <div style="text-align: center; font-weight: bold;">Troy Housing Authority</div>		Grant Type and Number Capital Fund Program: NC19P04350101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <div style="text-align: center; font-weight: bold;">2001</div>
<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program #: NC19P04350101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAY	Operating	1406		4,244				
	Staff Salary supplement	1410		16,756				
	Consultant services	1408		22,000				
	Site improvement: Landscaping	1450		6,520				
NC043-01	Window replacement	1460	80	24,000				
&	Storm doors		114	23,000				
NC043-02	Faucet replacement		64	8,000				
	Replace kitchen cabinets, counters, tops		10	22,393				
	Bathroom enclosures		20	8,000				
	Update breaker wiring		17	24,650				
	Ranges, refrigerators & water heaters	1465.1		8,000				
				\$167,563				

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

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Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part 1: Summary

PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program: NC19P04350100 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	21,400		22,000	2,612
4	1410 Administration	21,000		21,000	10,985
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,825			
10	1460 Dwelling Structures	106,008			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	164,233		43,000	13,597

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Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part 1: Summary

PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program: NC19P04350100 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

nc043b01.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part 1: Summary

PHA Name: Troy Housing Authority	Grant Type and Number Capital Fund Program: NC19P04350199 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 3/31/01 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	16,000	16,000	16,000	16,000
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	20,000	20,000	20,000	20,000
8	1440 Site Acquisition				
9	1450 Site Improvement	9,000	24,746	24,746	24,746
10	1460 Dwelling Structures	55,000	48,977	48,977	48,977
11	1465.1 Dwelling Equipment—Nonexpendable	23,000	20,392	20,392	12,507
12	1470 Nondwelling Structures	5,000	1,635	1,635	1,635
13	1475 Nondwelling Equipment	38,748	34,998	34,998	34,998
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	166,748	166,748	166,748	158,863

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part 1: Summary**

PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program: NC19P04350199 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

nc043c01. Table for 5-Year Action Plan for Capital Fund (Component 7)

The following plan follows instructions in HUD Notice PIH 99-51, especially section III E., defining "large capital items" as those that account for ten percent (10%) of a PHA's annual grant or that are over \$1 million. That notice adds that PHA are not required to report items less than \$25,000 in their 5-Year Action Plans regardless of the amount of their annual grant.

The Troy Housing Authority has followed these guidelines. Its annual grant estimated amount is \$164,233. Because of the requirements for fungibility among CFP work items, we do not give only the cost for the "large capital Items" total work planned at each development. A complete plan showing all work items in our 5-Year Modernization Plan is available for public review at the Troy Housing Authority.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
NC043-01	No Name		
NC043-02	H. R. Holt Circle		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Window replacement (80) Appliances Kitchen cabinets (10) Electrical breakers and fluorescent lights Electrical heaters (15) Guttering for old units (9) Bathroom enclosures (10) Drainage Air conditioners (40) Sidewalk repair		24,000 8,000 24,000 24,000 3,000 4,000 7,063 3,500 24,000 <u>3,000</u>	2002
Sub total:		124,563	
Window replacement (74) Appliances Kitchen cabinets (10) Guttering for old units (9) Electrical heaters Mowers Weed eater Air conditioners (40) Sidewalk & driveway repair Tree trimming Interior & exterior doors Replace commodes		24,000 8,000 24,000 4,500 4,233 10,000 500 24,000 3,000 3,000 14,330 <u>5,000</u>	2003
Sub total:		124,563	
Total estimated cost over next 5 years		See Below	

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Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
NC043-01	No Name		
NC043-02	H. R. Holt Circle		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Window replacement (74)		22,000	2004
Appliances		8,000	
Kitchen cabinets (10)		24,000	
Electrical heaters		6,000	
Mowers		10,000	
Medicine cabinets		3,000	
Commodes		5,000	
Repair driveways		20,000	
Interior & exterior doors		2,733	
Air conditioners		19,330	
Gutters for old units		<u>4,500</u>	
Sub total:		124,563	
Re-roof six buildings in Holt Circle		60,233	2005
Storm doors for Holt Circle		16,000	
Appliances		8,000	
Baseboard heaters – Holt Circle		10,530	
Bathroom tub enclosures		5,000	
Drainage & landscaping		5,000	
Fencing repair and replacement		5,000	
Florescent light fixtures		4,000	
Tree trimming		3,000	
Update sewer and water lines		<u>7,800</u>	
Sub total:		124,563	
Total estimated cost over next 5 years		See below	

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Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
	PHAY		
Description of Needed Physical Improvements or Management Improvements			Estimated Cost
Administration Staff salary supplement			21,000
			21,000
			21,000
			21,000
Management Improvements Consulting services			22,000
			22,000
			22,000
			22,000
Total estimated cost over next 5 years			\$670,252

nc043d01. Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

- 1. General Information/History**
- 2. PHDEP Plan Goals/Budget**
- 3. Milestones**
- 4. Certifications**

Section 1: General Information/History

- A. Amount of PHDEP Grant \$ 25,000**
- B. Eligibility type (Indicate with an "x")** N1 _____ N2 _____ R X _____
- C. FFY in which funding is requested 2001**
- D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

The Troy Housing Authority (THA) has a comprehensive program to fight the drug culture. They utilize many different approaches to help solve the problem. The security approach utilizes an on-site police substation, free rent for undercover operations, and a "Banned list." Another important part of the program is education and youth sports which includes an after-school program, pre-school classes, GED, computer classes, and a youth basketball & cheerleading team. All of the programs are held at the Peabody Neighborhood Center. This center and all activities are the result of a partnership between the THA, the THA Resident Council, Montgomery Community College, the City of Troy, Montgomery County government, Head Start and several other local organizations.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Stanley Street	50	111
Holt Circle	32	74

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F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

6 Months _____ 12 Months X 18 Months _____ 24 Months _____ Other _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1996	50,000	NC19DEP0430196	0		
FY 1997	50,000	NC19DEP0430197	0		
FY 1998	50,000	NC19DEP0430198	0		
FY 1999	25,000	NC19DEP0430199	0		
FY 2000	25,000	NC19DEP0430100	\$8,143.71		

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

The Troy Housing Authority (THA) goal is to reduce drug-related crime by 10% and increase participation in all programs by 20% per year. We utilize an on-site police substation, free rent for undercover operations, and a “Banned list.” We also provide various educational programs and youth sports activities. The THA has an after-school program, pre-school classes, GED and computer classes for adults, and a youth basketball team. All of the programs are held at the Peabody Neighborhood Center. This center and all activities is the result of a partnership between the THA, the THA Resident Council, Montgomery Community College, the City of Troy, Montgomery County government, Head Start and several other local organizations. The Prevention Policy Board oversees the evaluation of the grants. This Board has 19 members from 16 partner organizations.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

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FY <u>2001</u> PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	10,240
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	14,760
TOTAL PHDEP FUNDING	25,000

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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9130 - Employment of Investigators					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 - Voluntary Tenant Patrol					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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9160 - Drug Prevention					Total PHDEP Funding: \$10,240		
Goal(s)	Decrease drug-related criminal activity by 10% per year						
Objectives	1. Increase participation in computer classes by 20% 2. Increase participation in youth sports by 20% and increase the types of youth sports by 2.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.Computer Lab	40	150	11/1/00	10/31/01	\$3,640		#/% increase in participants, # residents getting a new job because of new skills
2. Youth Sports	30	80	11/1/00	10/31/01	\$6,600		#/% of increase in participants Types of sports (currently only basketball & cheerleading
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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9190 - Other Program Costs					Total PHDEP Funds: \$14,760		
Goal(s)	Decrease drug-related criminal activity by 10% per year						
Objectives	Continue to provide a Coordinator for the program						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.Program Coordinator			11/1/00	10/31/01	14,760	14,760/ operating budget	# activities, # of new activities started, # participants, # hours that the Center is open
2.							
3.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110				
9120				
9130				
9140				
9150				
9160	Activity 1 & 2	10,240	Activity 1 & 2	10,240
9170				
9180				
9190	Activity 1	14,760	Activity 1	14,760
TOTAL	100%	\$25,000	100%	\$25,000

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

nc043e01.

Required Attachment E: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Ms. Dedra Watson

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires):

November 8, 2000 to November 8, 2005

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

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Required Attachment F: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Resident Advisory Board of the Troy Housing Authority

President:	Dedra Watson
Vice-president:	Albert Lindsey
Secretary:	Adrian Capel
Treasurer:	William Taylor

Required Attachment G:

Comments of the Resident Advisory Board or Boards

Members of the resident Advisory Board made the following comments on the Troy Housing Authority's FY 2001 Annual Plan. Resident comments are summarized as follows.

1. One resident "had no questions" on the Plan.
2. I think we are doing O.K. with it.
3. I think we are spending the money as we should.
4. The window air conditioners do not cool upstairs in the apartments. Something is needed upstairs. Central heat and air was suggested, probably a unit that will accommodate several units at one time.
5. Some complaints have been received of the baseboard heat not heating properly.
6. Some complaints of hot water heaters not heating properly.
7. Some complaints of drainage from the washing machine backing up through the kitchen sink.
8. Some tiles need replacing in the apartments.
9. Our needs are being met.

The Troy Housing Authority's Response to Resident Comments:

Items 4 and 5.

The Troy Housing Authority has a modest budget available for capital improvements because of its modest size; nevertheless, the THA is examining its options to improve the quality of air conditioning and baseboard heating in those units that suffer programs. It will address these issues in future CFP budgets, where it can not address them through its operating and ongoing maintenance budgets.

Items 6 and 7

The THA regularly inspects hot heaters and replaces them as necessary. In cases of drainage, the THA deals with these events as part of its ongoing maintenance process. When it meets an extraordinary item, it calls in specific tradesman to correct the problem.